



PERMIT APPLICATION - GRAIN, FEED, FERTILIZER OPERATIONS
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF AIR QUALITY
SFN 8524 (1-09) AP 104

GENERAL

Name of Firm or Organization		Date of Application	
Person Submitting Application	Title	Telephone Number	
Person to Contact on Air Pollution	Title	Telephone Number	
Email Address	Public Service Commission Facility License No.	Fax Number	
Mailing Address	City	State	Zip Code
Plant Location (No. & Street)	City	State	Zip Code
Facility Location	¼	Sec.	Twp. Rge. County

PROCESSES TO BE PERFORMED AT FACILITY ("X" all that apply and complete attached tables.)

GRAIN HANDLING AND PROCESSING	FEED PROCESSING	FERTILIZER HANDLING AND MIXING
<input type="checkbox"/> Receiving and Shipping <input type="checkbox"/> Grain Cleaning <input type="checkbox"/> Grain Drying <input type="checkbox"/> Grain Polishing <input type="checkbox"/> Grain Milling <input type="checkbox"/> Grain Scalping	<input type="checkbox"/> Feed Grinding <input type="checkbox"/> Feed Rolling <input type="checkbox"/> Feed Mixing or Blending <input type="checkbox"/> Hammermill Operations	<input type="checkbox"/> Blending and Mixing <input type="checkbox"/> Bagging <input type="checkbox"/> Bulk Selling <input type="checkbox"/> Bagged Fertilizer Buying - Selling <input type="checkbox"/> Liquid Fertilizer Blending - Mixing <input type="checkbox"/> Liquid Fertilizer - Selling

OPERATIONS

OPERATING SCHEDULE	HOURS PER DAY	DAYS PER WEEK	WEEKS PER YEAR	PERCENT OF OPERATION			
				JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC
GRAIN HANDLING							
FEED PROCESSING							
FERTILIZER HANDLING							
TYPES OF GRAIN HANDLED: <input type="checkbox"/> Wheat <input type="checkbox"/> Barley <input type="checkbox"/> Corn <input type="checkbox"/> Edible Beans <input type="checkbox"/> Other <input type="checkbox"/> Oats <input type="checkbox"/> Rye <input type="checkbox"/> Flax <input type="checkbox"/> Soy Beans <input type="checkbox"/> Sunflowers						Annual Throughput of Grain Bushels	

STORAGE CAPACITY

Permanent Storage Capacity (Bushels)		Temporary Storage Capacity (Bushels)	
Existing	New	Existing	New

I, the undersigned owner/applicant, or authorized representative of the applicant am fully aware that the statements made in this form and the attached exhibits and statements constitute the application for a Permit to Construct and/or a Permit to Operate from the North Dakota Department of Health, and I certify that the information is true, correct, and complete to the best of my knowledge and belief.

NOTE: Authorized representative of application must attach a Letter of Authorization

Signature of Applicant X	Date
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INSTRUCTIONS

Complete one form for each grain elevator, feed plant or fertilizer plant your company intends to operate (or continue operating). If an item on the form does not apply to your application, enter "NA" - do not leave an area on the form blank.

Submit plans and flow diagrams along with this form if such illustrations will help to explain your facility and its dust control equipment. Plans which show house dimensions, equipment location, air duct dimensions, air velocities, and dust control system layouts will facilitate an expeditious evaluation of your dust control equipment.

If the person submitting and signing these forms is not the owner or authorized company official, a letter of authorization signed by the owner, or authorized company official must accompany the application. Such a letter or authorization will not relieve the owner or company of the responsibility for complying with the provisions of Chapter 23-25 of the North Dakota Century Code and all the rules and regulations of the Department, or revisions thereof.

Submit your application and all documents to:

ND Department of Health
Division of Air Quality
918 E Divide Avenue, 2nd Floor
Bismarck, ND 58501-1947

(701)328-5188

[illegible][illegible]

DUST CLEANING EQUIPMENT

SYSTEM ID NO.	TYPE (CYCLONE, BAG, FILTER, ETC.)	INSTALLATION DATE	CLEANING EFFICIENCY		STACK HEIGHT (FEET)
			DESIGN	OPERATING	
Dust System #1					
Dust System #2					
Dust System #3					
Dust System #4					
Cleaner System #1					
Cleaner System #2					
Describe where dust is stored and how it is disposed of:					

FERTILIZER HANDLING AND MIXING EQUIPMENT

EQUIPMENT	INSTALLATION DATE	RATED CAPACITY (bu / hr)	ESTIMATED ANNUAL USAGE (HOURS)	DUST SYSTEM			MISCELLANEOUS AND REMARKS
				PROVIDED		IDENTIFICATION NUMBER	
				YES	NO		
Conveyors							
Augers							
Mixers or Blenders							
Bagging Machines							